

# REGISTRATION FORM

2002 NFIP Claims Presentation

**(There will be no on-line registrations)**

**PLEASE TYPE OR PRINT CLEARLY**

Presentation Number \_\_\_\_\_ Location \_\_\_\_\_

Your Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Social Security Number (Mandatory) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The only way you can be registered is by your social security number, therefore, all registrations will be returned without this information.

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

Work telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please complete this registration form and mail it with your \$10.00 check to:**

Claims Presentation Coordinator  
NFIP Bureau & Statistical Agent  
7700 Hubble Drive  
Room N195  
Lanham, MD 20706

Make your check payable to the National Flood Insurance Program

**For more information call: 800-426-6347 ext. 746**

**PLEASE DO NOT FAX THIS FORM**

**Complete a separate form for each attendee**